

The IDVA Update



Mitch Daniels - Governor
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VA Makes Filing Claims Easier and Faster for Veterans Simpler Forms and New Program Reduce Paperwork and Speed Process

WASHINGTON (June 15, 2010) - As part of Secretary of Veterans Affairs Eric K. Shinseki's effort to break the back of the backlog, the Department of Veterans Affairs (VA) is reducing the paperwork and expediting the process for Veterans seeking compensation for disabilities related to their military service.

"These reductions in paperwork, along with other improvements to simplify and speed the claims process, symbolize changes underway to make VA more responsive to Veterans and their families," said Secretary Shinseki.

VA has shortened application forms to reduce paperwork for Veterans. The new forms, which are being made available on VA's Web site at www.va.gov/vaforms <<http://www.va.gov/vaforms/>>, include:

- * A shortened VA Form 21-526 for Veterans applying for the first-time to VA for disability compensation or pension benefits. This form has been cut in half - from 23 to 10 pages. It is immediately available to Veterans via Web download, and will be available through VA's online claim-filing process later this summer at <http://vabenefits.vba.va.gov/vonapp/main.asp>

- * VA Form 21-526b for Veterans seeking increased benefits for conditions already determined by VA to be service-connected. This new form more clearly describes the information needed to support claims for increased benefits.

In order to make the claims process faster, VA has also introduced two new forms for Veterans participating in the Department's new fully developed claim (FDC) program, which is one of the fastest means to receive a claims decision.

Gathering the information and evidence needed to support a Veteran's disability claim often takes the largest portion of the processing time.

If VA receives all of the available evidence when the claim is submitted, the remaining steps in the claims-decision process can be expedited without compromising quality.

To participate in the FDC program, Veterans should complete and submit an FDC Certification and VA Form 21-526EZ, "Fully Developed Claim (Compensation)," for a compensation claim, or a VA Form 21-527EZ, "Fully Developed Claim (Pension)," for a pension claim.

The forms were designed specifically for the FDC program. These six-page application forms include notification to applicants of all information and evidence necessary to "fully develop" and substantiate their claims. With this notification, Veterans and their representatives can "fully develop" their claims before submission to VA for processing.

Along with the application and certification, Veterans must also submit all relevant and pertinent evidence to "fully develop" their claims. A claim submitted as "fully developed" may still require some additional evidence to be obtained by VA, to include certain federal records and a VA medical examination.

VA provides compensation, pension, education, loan guaranty, vocational rehabilitation, employment, and insurance benefits to Veterans and their families through 57 VA regional offices.

Disability compensation is a tax-free benefit paid to a Veteran for disabilities that are a result of -- or made worse by -- injuries or diseases that happened while on active duty, active duty for training or inactive duty training. Pension is a benefit paid to wartime Veterans with limited income, and who are permanently and totally disabled or age 65 or older.

For additional information, go to www.va.gov or call VA's toll free benefits number at 1-800-827-1000.

State Approving Agency Welcomes June Behn Watts



June Behn Watts is one of two new Program Directors at the State Approving Agency.

Originally from Northwest Indiana, she graduated from Bishop Noll Institute.

June joined the Indiana Army National Guard at age 18 and served honorably for 8 years. Her primary specialty was Mental Health Specialist with Company C Medical, 113th Support

Battalion, of the 76th Infantry Brigade. She deployed to Kabul Afghanistan in support of Operation Enduring Freedom from 2004-2005.

June was the Non-Commissioned Officer in Charge (NCOIC) of the Mental Health Section while deployed and while stateside with Company C Medical until 2007.

In addition to her military experience, she completed a Bachelor of Arts in Psychology in 2005 and a Master of Science in Child Development and Family Studies with a Marriage and Family Therapy Specialization from Purdue University in 2009. Throughout the course of her studies during her Master's program, she taught at Purdue University Calumet and provided therapy at Spring Valley Shelter in Valparaiso.

She and her husband met on their deployment to Afghanistan and have been married for 3 years. Her husband is still serving in the Indiana Army National Guard.



And Rob Richardson

John R. "Rob" Richardson is the newest member of the Department of Veterans Affairs / State Approving Agency, as a Program Director 1. He is a graduate of Mt. Vernon High School (Fortville), and attended Ball State University for two years. Rob earned his Bachelor of Science degree in Christian Ministries from Cincinnati Christian University, Cincinnati, Ohio.

Rob retired from the U.S. Army in May 2010, as a Sergeant First Class, after more than 20 years active duty service. During those years, he served tours to Iraq including Desert Storm/Shield and Operation Iraqi Freedom (OIF), and also tours to Albania, Kosovo, and Korea. Rob has been awarded the Bronze Star, three Meritorious Service medals, six Army Commendation medals, and four Army Achievement medals along with others. He is a member of the American Legion and Veterans of Foreign Wars (VFW).

Rob and his wife, Anita, were married in 1985 and currently live in Fortville. They have three children, Mari Beth, Greely, Colorado; John, Ft. Campbell, Kentucky; and Courtney, Fortville, Indiana.

IDVA Welcomes Emmy Elmore



We were very lucky Emmy chose to interview with us through her temp agency, and we consider her as part of our full-time staff.

Prior to joining IDVA, Emmy worked for the Dept of Defense in Saudi Arabia. While working for the DoD, Emmy received the Commanders Award for Civilian Service. Emmy is married to

Charles, a USAF veteran, and they live in Martinsville.

Due to its importance to veterans, the remainder of this Update will concentrate on the recent VA ruling concerning the liberalizing of claims processing for Post-Traumatic Stress Disorder (PTSD). Following are the contents of two of the latest News Releases from the VA.

VA Simplifies Access to Health Care and Benefits for Veterans with PTSD

VA News Release dated 12 July 2010

WASHINGTON – Secretary of Veterans Affairs Eric K. Shinseki announced a critical step forward in providing an easier process for Veterans seeking health care and disability compensation for Post-Traumatic Stress Disorder (PTSD), with the publication of a final regulation in the *Federal Register*.

“This nation has a solemn obligation to the men and women who have honorably served this country and suffer from the often devastating emotional wounds of war,” said Secretary of Veterans Affairs Eric K. Shinseki. “This final regulation goes a long way to ensure that Veterans receive the benefits and services they need.”

By publishing a final regulation today in the *Federal Register* to simplify the process for a Veteran to claim service connection for PTSD, VA reduces the evidence needed if the trauma claimed by a Veteran is related to fear of hostile military or terrorist activity and is consistent with the places, types, and circumstances of the Veteran’s service.

This science-based regulation relies on evidence that concluded that a Veteran’s deployment to a war zone is linked to an increased risk of PTSD.

Under the new rule, VA would not require corroboration of a stressor related to fear of hostile military or terrorist activity if a VA doctor confirms that the stressful experience recalled by a Veteran

adequately supports a diagnosis of PTSD and the Veteran's symptoms are related to the claimed stressor.

Previously, claims adjudicators were required to corroborate that a non-combat Veteran actually experienced a stressor related to hostile military activity. This final rule simplifies the development that is required for these cases.

VA expects this rulemaking to decrease the time it takes VA to decide access to care and claims falling under the revised criteria. More than 400,000 Veterans currently receiving compensation benefits are service connected for PTSD. Combined with VA’s shorter claims form, VA’s new streamlined, science-based regulation allows for faster and more accurate decisions that also expedite access to medical care and other benefits for Veterans.

PTSD is a medically recognized anxiety disorder that can develop from seeing or experiencing an event that involves actual or threatened death or serious injury to which a person responds with intense fear, helplessness or horror, and is not uncommon among war Veterans.

Disability compensation is a tax-free benefit paid to a Veteran for disabilities that are a result of -- or made worse by -- injuries or diseases associated with active service.

For additional information, go to www.va.gov or call VA’s toll free benefits number at 1-800-827-1000.

New Regulations on PTSD Claims

From VA News Release dated 12 July 2010:

Background:

On Monday, July 12, 2010, the Department of Veterans Affairs (VA) is scheduled to publish a final regulation that will make access to care and the claims process easier for Veterans seeking compensation for Post-Traumatic Stress Disorder (PTSD). The rule reduces the evidence needed if the PTSD stressor claimed by a Veteran is related to fear of hostile military or terrorist activity and is consistent with the places, types, and circumstances of the Veteran's service.

PTSD is a recognized anxiety disorder that can develop from seeing or experiencing an event that involves actual or threatened death or serious injury to which a person responds with intense fear, helplessness or horror, and is not uncommon among war Veterans.

Under the new rule, VA will not require corroboration of a PTSD stressor related to fear of hostile military or terrorist activity if a VA psychiatrist or psychologist confirms that the stressful experience recalled by a Veteran adequately supports a diagnosis of PTSD and the Veteran's symptoms are related to the claimed stressor.

Previously, VA required non-combat Veterans to corroborate the fact that they experienced a PTSD stressor related to hostile military activity. This final rule simplifies the development that is required for these cases.

VA expects this rulemaking to decrease the time it takes VA to decide disability claims and access to health care, falling under the revised criteria and for Veterans to access health care. More than 400,000 Veterans currently receiving compensation benefits are service connected for PTSD. If service connection for PTSD is established under the new rule, a Veteran disabled by PTSD will be entitled to disability compensation, which is a tax-free benefit paid to a Veteran for disabilities that are a result of -- or made worse by -- injuries or diseases associated with active service.

Quick Facts:

- The new rule will simplify and streamline the processing of PTSD claims, reducing the time and frustration traditionally involved when Veterans apply for disability compensation for PTSD and access for mental health care.
- Veterans who do not otherwise meet eligibility requirements for enrollment in the VA health care system cannot receive mental health treatment at a VA facility without a disability rating from VA.
- This new rule is for Veterans of any era.
- This decision is consistent with recent Institute of Medicine studies of scientific data.
- The new rule will apply to claims:
 - received by VA on or after July 12, 2010;
 - received before July 12, 2010 but not yet decided by a VA regional office;
 - appealed to the Board of Veterans' Appeals on or after July 12, 2010;
 - appealed to the Board before July 12, 2010, but not yet decided by the Board; and
 - pending before VA on or after July 12, 2010, because the Court of Appeals for Veterans Claims vacated a Board decision and remanded for re-adjudication.
- Not all combat wounds are visible. For decades, VA has led the health-care community in treating and researching the psychological wounds of war, especially PTSD.
- Since the start of combat in Iraq and Afghanistan, VA has dramatically expanded the number of its mental health professionals to care for returning Veterans, including 1,000 just last year alone.

- VA will continue its world-class research program and its aggressive outreach to returning Veterans. The Department is committed to continuing to improve its processes to meet the needs of our newest generation of heroes.
- VA will continue to verify war deployments with the Department of Defense (DoD) to protect our Veterans from the backlash against any attempts at fraud.
- VA is the largest integrated health care system in the Nation and consistently ranks at the top, or near the top for quality and safety by various sources' "Top US hospitals," and HHS's & Medicare Hospital Comparison metrics.

QUESTIONS AND ANSWERS

For VA Final Rule AN 32

"Stressor Determinations for Posttraumatic Stress Disorder"

1. What is Post-Traumatic Stress Disorder (PTSD)?

Post Traumatic Stress Disorder (PTSD) is a condition resulting from exposure to direct or indirect threat of death, serious injury or a physical threat. The events that can cause PTSD are called "stressors" and may include natural disasters, accidents or deliberate man-made events/disasters, including war. Symptoms of PTSD can include recurrent thoughts of a traumatic event, reduced involvement in work or outside interests, emotional numbing, hyper-alertness, anxiety and irritability. The disorder can be more severe and longer lasting when the stress is human initiated action (example: war, rape, terrorism).

2. What does this final regulation do?

This final regulation liberalizes the evidentiary standard for Veterans claiming service connection for post traumatic stress disorder (PTSD). Under current regulations governing PTSD claims, unless the Veteran is a combat Veteran, VA adjudicators are typically required to undertake extensive record development to corroborate whether a Veteran actually experienced the claimed in-service stressor. This

final rulemaking will simplify and improve the PTSD claims adjudication process by eliminating this time-consuming requirement where the claimed stressor is related to "fear of hostile military or terrorist activity," is consistent with the places, types, and circumstances of their service, and a VA psychiatrist or psychologist, or contract psychiatrist or psychologist confirms that the claimed stressor is adequate to support a diagnosis of PTSD.

3. What types of claims for VA benefits does the final regulation affect?

The final regulation will benefit Veterans, regardless of their period of service. It applies to claims for PTSD service connection filed on or after the final regulation's effective date, and to those claims that are considered on the merits at a VA Regional Office or the Board of Veterans' Appeals on or after the effective date of the rule.

4. Why is this final regulation necessary?

The final regulation is necessary to make VA's adjudication of PTSD claims both more timely and consistent with the current medical science.

5. How does this final regulation help Veterans?

The final regulation will simplify and streamline the processing of PTSD claims, which will result in Veterans receiving more timely decisions. A Veteran will be able to establish the occurrence of an in-service stressor through his or her own testimony, provided that: (1) the Veteran is diagnosed with PTSD; (2) a VA psychiatrist or psychologist, or a psychiatrist or psychologist with whom VA has contracted confirms that the claimed stressor is adequate to support a PTSD diagnosis; (3) the Veteran's symptoms are related to the claimed stressor; and (4) the claimed stressor is consistent with the places, types, and circumstances of the Veteran's service and the record provides no clear and convincing evidence to the contrary. This will eliminate the requirement for VA to search for records, to verify stressor accounts, which is often a very involved and protracted process. As a result, the time required to adjudicate a PTSD compensation claim in accordance with the law will be significantly reduced.

5. How does VA plan to monitor the need for examiners in various regions of the country, and how does VA plan to respond if it is determined that

more examiners are needed in a particular region?

The Veterans Health Administration (VHA) has written in to the FY11-13 Operating Plan the need for additional staff to support doing adequate, timely exams. VHA proposes: “A8. Increase mental health field staff to address the increase in C&P examinations and develop monitoring system to ensure clinical delivery of mental health services does not decrease in VHA.” Specifically, VHA has requested 125 clinicians for FY11 with additional 63 staff in FY12 if the need exists. If the Operating Plan and the proposed budget are approved, VA proposes asking the Veterans Integrated Service Networks (VISNs) to develop plans for distributing the funds in order to ensure adequate coverage at sites based on number of claims being processed; the VISNs are well positioned to determine these regional needs.

6. How does the regulatory revision affect PTSD service connection claims where an in-service diagnosis of PTSD has been rendered?

The new regulation does not apply to the adjudication of cases where PTSD has been initially diagnosed in service. Rather, under another VA rule, 38 CFR § 3.304(f)(1), if a Veteran is diagnosed with posttraumatic stress disorder during service and the claimed stressor is related to that service, in the absence of clear and convincing evidence to the contrary, and provided that the claimed stressor is consistent with the circumstances, conditions, or hardships of the Veteran's service, the Veteran's lay testimony alone may establish the occurrence of the claimed in-service stressor.

7. Is the new regulation applicable only if the Veteran's statements relate to combat or POW service?

No. The rule states that the stressor must be related to a “fear of hostile military or terrorist activity,” and the claimed stressor must be “consistent with the places, types, and circumstances of the veteran’s service.”

8. What circumstances will still require stressor verification through DoD’s Joint Services Records Research Center (JSRRC) , VBA’s Compensation & Pension Service (C&P Service), or other entity if a Veteran claims that his or her stressor is related to a fear of hostile or terrorist activity?

The regulatory revision will greatly lessen the need for undertaking development to verify Veterans’ accounts of in-service stressors. Now, stressor development may only need to be conducted if a review of the available record, such as the Veteran’s service personnel and/or treatment records, is inadequate to determine that the claimed stressor is “consistent with the places, types and circumstances of the veteran’s service.” In such circumstances, the Veterans Service Representative (VSR) will determine on a case-by-case basis what development should be undertaken.

However, it is anticipated that in the overwhelming majority of cases adjudicated under the new version of § 3.304(f), a simple review of the Veteran’s service treatment and/or personnel records will be sufficient to determine if the claimed stressor is consistent with the places, types, and circumstances of the Veteran’s service. We also believe that, in some cases, a Veteran’s separation document, DD-Form 214, alone may enable an adjudicator to make such a determination.

9. As the regulatory revision seems to require an enhanced role for the examining VA mental health professional, whose role is it to determine whether the claimed stressor is consistent with the Veteran’s service?

VA adjudicators, not the examining psychiatrist or psychologist, will decide whether the claimed stressor is consistent with the Veteran’s service.

10. Is a Veteran's testimony about “fear of hostile military or terrorist activity” alone sufficient to establish a stressor?

Yes, if the other requirements of the regulation are satisfied, i.e., a VA psychiatrist or psychologist confirms that the claimed stressor is adequate to support a PTSD diagnosis and that the Veteran's symptoms are related to the claimed stressor, and the stressor is consistent with the “places, types, and circumstances of the Veteran’s service.”

11. Are the stressors accepted as adequate for establishing service connection under new § 3.304(f)(3) limited to those specifically identified in the new regulation?

No. The examples given in the revised regulation do not represent an exclusive list in view of the use of

the modifying phrase “such as” that precedes the listed examples. Any event or circumstance that involves actual or threatened death or serious injury, or a threat to the physical integrity of the Veteran or others, would qualify as a stressor under new § 3.304(f)(3).

12. How will the Veterans Health Administration (VHA) work with Veterans Benefits Administration (VBA) on the new regulation?

VHA was actively involved in discussion with VBA of the new regulation and fully supports the new regulation.

- The new regulation will provide fair evaluation for Veterans whose military records have been damaged or destroyed, or for whom no definitive reports of combat action appeared in their military records, even though they can report such actions and it is reasonable to believe that these occurred, given the time and place of service.
- This will be especially beneficial to women Veterans, whose records do not specify that they had combat assignments, even though their roles in the military placed them at risk of hostile military or terrorist activity.
- This means that more Veterans will become eligible for VA care and thus be able to receive VA care for mental illness related to their military service, as well as receiving full holistic health care. VHA will work actively with VBA on implementing the regulation. VHA staff's main role is as clinicians conducting C&P interviews to establish diagnoses and obtain other information to be used by VBA raters to determine the outcome of claims.
- The new regulation will not change the diagnostic elements of the C&P interview, but may change what additional data are collected for use by VBA raters.

END



Director's Comments

The 7-member Veterans' Affairs Commission met for the first time on Friday, 9 July 2010. Governor-appointed Chairman Steve Wise chaired the meeting of the commission which includes the Adjutant General or his representatives, legal counsel and four members of the Indiana State Legislature. Hancock County Veterans' Service Officer, Joe Carroll, was elected as the Vice Chairman for 2010-2011.

The Commission heard many veteran-related issues and a report on the status of the Military Family Relief Fund.

Fall Conference

The IDVA Fall Conference will be held on Thursday, October 28th, at the Indiana Veterans Home in the MacArthur Auditorium. Agenda is:

Coffee and donuts/cookies will be provided by IVH.

-0900 - Travel
0900-0930 – Sign-in/registration (Auditorium)
0930-1000 – IDVA announcements and split into four (4) separate groups (Auditorium)
1000-1130 – Tours of IVH conducted by IVH staff
1130-1230 – Lunch at IVH
1230-1345 – Presentation (Assisted Living) by George Jarboe (Auditorium)
1345-1445 – VA Forms 21-526EZ and 21-527EZ – VA Regional Office
1445 - Final Announcements - Release

A meeting of the Veterans' Affairs Commission will be held at 1500 (3 p.m.) following the Conference.



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